

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NORTH CAROLINA - WILMINGTON DIVISION

Case number (if known) _____ Chapter 11☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Sound Medical Supply Partners, LLC</u>	
<hr/>		
2. All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small>	<u>DBA Sound Medical</u> <u>DBA Sound Medical Supply</u>	
<hr/>		
3. Debtor's federal Employer Identification Number (EIN)	<u>45-4099322</u>	
<hr/>		
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>1930 Oleander Drive</u>	
	<u>Wilmington, NC 28403</u>	
	<small>Number, Street, City, State & ZIP Code</small>	<small>P.O. Box, Number, Street, City, State & ZIP Code</small>
	<u>New Hanover</u>	Location of principal assets, if different from principal place of business
	<small>County</small>	
		<small>Number, Street, City, State & ZIP Code</small>
<hr/>		
5. Debtor's website (URL)	<u></u>	
<hr/>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	
<hr/>		

Debtor Sound Medical Supply Partners, LLC
Name

Case number (if known) _____

7. Describe debtor's business A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?*Check one:*

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

Debtor Sound Medical Supply Partners, LLC
Name

Case number (if known) _____

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☐ 1-49☐ 50-99☒ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor Sound Medical Supply Partners, LLC
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 13, 2017
MM / DD / YYYY**X** /s/ D. Read Patterson, II
Signature of authorized representative of debtorD. Read Patterson, II
Printed nameTitle CEO and Managing Member**18. Signature of attorney****X** /s/ Trawick H. Stubbs, Jr.
Signature of attorney for debtorDate January 13, 2017
MM / DD / YYYYTrawick H. Stubbs, Jr.
Printed nameStubbs & Perdue, P.A.
Firm namePO Box 1654
New Bern, NC 28563
Number, Street, City, State & ZIP CodeContact phone 252-633-2700

Email address _____

4221

Bar number and State

Fill in this information to identify the case:Debtor name Sound Medical Supply Partners, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA - WILMINGTON
DIVISION

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 13, 2017☒ /s/ D. Read Patterson, II

Signature of individual signing on behalf of debtor

D. Read Patterson, II

Printed name

CEO and Managing Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Sound Medical Supply Partners, LLC
 United States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA - WILMINGTON DIVISION
 Case number (if known): _____

☐ Check if this is an

amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Capacity Funding, LLC Attn: Manager or Agent 7 Renaissance Sq., 5th Fl. White Plains, NY 10601		Merchant cash advance-blanket lien		\$385,055.21	\$0.00	\$385,055.21
Platinum Rapid Funding Group, Ltd. Attn: Manager or Agent 348 RXR Plaza Uniondale, NY 11556	abartone@platinumrfg.com	Blanket lien		\$341,942.76	\$0.00	\$341,942.76
NDC, Inc. Attn: Manager or Agent 407 New Sanford Road La Vergne, TN 37086						\$312,940.55
Kings Cash Group Attn: Manager or Agent 30 Broad Street, 12th Floor New York, NY 10001	ingo@kingscashgroup.com	Blanket lien		\$154,564.00	\$0.00	\$154,564.00
Summit Financial Resources, LP Attn: Manager or Agent 2455 E. Parleys Way Ste 200 Salt Lake City, UT 84109		Blanket lien (Inventory, A/R, Equipment)		\$690,561.00	\$543,028.74	\$147,532.26

Debtor Sound Medical Supply Partners, LLC
Name

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Merchant Funding Svcs., LLC Attn: Manager or Agent One Evertrust Plaze, Ste 1401 Jersey City, NJ 07302		Blanket lien		\$126,549.00	\$0.00	\$126,549.00
American Express Attn: Manager or Agent P.O. Box 981540 El Paso, TX 79998-1540						\$65,000.00
N.C. Dept. of Revenue ATTN: Officer Office Svcs Div, Bankruptcy Un P. O. Box 1168 Raleigh, NC 27602-1168		NC Sales Tax				\$62,113.87
Insource Attn: Manager or Agent Box 382023 Pittsburgh, PA 15250-2028						\$34,082.70
Federal Express Corporation Attn: Manager or Agent P.O. Box 223125 Pittsburgh, PA 15251						\$32,396.62
Medworld Supply, Inc. Attn: Manager or Agent 168 10th Street Brooklyn, NY 11215						\$31,136.37
Henry Schein, Inc. c/b/a InSource Attn: Manager or Agent Dept CH 10560 Palatine, IL 60055		Inventory				\$28,952.42
BMW Bank of North America Attn: Manager or Agent P.O. Box 78066 Phoenix, AZ 85062-8066		2013 BMW, VIN 53186		\$57,152.22	\$29,100.00	\$28,052.22

Debtor Sound Medical Supply Partners, LLC
Name

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Ally Financial Attn: Managing Agent P. O. Box 380901 Bloomington, MN 55438		2015 Nissan Delivery Van, VIN 33150		\$24,658.43	\$15,400.00	\$24,658.43
US Diagnostics Attn: Manager or Agent P.O. Box 5531 Carol Stream, IL 60197-5531						\$19,844.63
Epicor Software Corporation Attn: Manager or Agent P.O. Box 671069 Dallas, TX 75267						\$18,071.50
MedChain Supply Attn: Manager or Agent P.O. Box 842818 Boston, MA 02284-2818						\$16,483.72
Capital One Spark Attn: Manager or Agent P.O. Box 71083 Charlotte, NC 28272-1083						\$10,990.00
N.C. Dept. of Revenue ATTN: Officer Office Svcs Div, Bankruptcy Un P. O. Box 1168 Raleigh, NC 27602-1168		Penalty				\$10,173.95
Cardinal Health Attn: Manager or Agent P.O.Box 730112 Dallas, TX 75373						\$9,642.00

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☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 597,961.52**1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 597,961.52**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 1,805,749.37**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 87,544.97**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 851,127.44**4. Total liabilities**
Lines 2 + 3a + 3b\$ 2,744,421.78

Fill in this information to identify the case:Debtor name Sound Medical Supply Partners, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA - WILMINGTON
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☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>First Citizens Bank</u>	<u>Checking - Operating</u>	<u>7620</u>	<u>\$524.85</u>
3.2. <u>First Citizens Bank</u>	<u>Checking</u>	<u>3565</u>	<u>\$432.93</u>
3.3. <u>Vantiv Integrated Payment Solutions</u>	<u>Merchant</u>	<u>0886</u>	<u>\$0.00</u>
3.4. <u>American Express Merchant</u>	<u>Merchant</u>	<u>9992</u>	<u>\$0.00</u>

4. Other cash equivalents (Identify all)**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$957.78**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

Debtor Sound Medical Supply Partners, LLC
Name

Case number (If known) _____

7. Deposits, including security deposits and utility deposits
Description, including name of holder of deposit7.1. Security deposit paid to Columbus Properties, LLC \$3,750.00**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$3,750.00**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less:	<u>249,729.68</u>	-	<u>12,486.48</u>	=	<u>\$237,243.20</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>16,621.82</u>	-	<u>16,621.82</u>	=....	<u>\$0.00</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>1,405.65</u>	-	<u>1,405.65</u>	=....	<u>\$0.00</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>252,804.23</u>	-	<u>12,640.21</u>	=....	<u>\$240,164.02</u>
	face amount		doubtful or uncollectible accounts		

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$477,407.22**Part 4: Investments****13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☒ Yes Fill in the information below.

General description**Date of the last
physical inventory****Net book value of
debtor's interest
(Where available)****Valuation method used
for current value****Current value of
debtor's interest****19. Raw materials**

Debtor Sound Medical Supply Partners, LLC Case number (If known) _____
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20. **Work in progress**21. **Finished goods, including goods held for resale**

Inventory (value based upon 10% of cost) 1/12/2017 \$0.00 Liquidation \$55,476.82

22. **Other inventory or supplies**23. **Total of Part 5.**

\$55,476.82

Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**

☒ No

☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☒ No

☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

☒ No. Go to Part 7.

☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

☐ No. Go to Part 8.

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Desks, chairs (value based upon 10% of cost)	\$0.00	Liquidation	\$76.80
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Office equipment, 2-computers, 7-laptops, MiFi, Printer, iPad, other software (value based upon 10% of cost)	\$0.00	Liquidation	\$1,904.00
	Epicor software	\$0.00		Unknown

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

Debtor Sound Medical Supply Partners, LLC
Name

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43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$1,980.80

44. **Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☒ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2015 Nissan (Delivery) Van, VIN 33150 (loan value used)	\$0.00		\$15,400.00
47.2. 2013 BMW 750LI 4S, VIN 53186 (trade-in value used)	\$0.00		\$29,100.00
47.3. 2008 Chevrolet Express Van, VIN 39622 (loan value used)	\$0.00		\$5,725.00
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
Warehouse equipment consisting of but not limited to Toyota Forklift S/N71957 and charger, Toyota Forklift S/N11164, Meculux Pallet Racking, Toyota Electric Order Picker S/N71986, Toyota Pallet Rack, Racking System, 24-Racking shelves, industrial service carts, beams/wire decks/uprights, refrigerator (value based upon 10% of cost)	\$0.00	Liquidation	\$8,163.90

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$58,388.90

52. **Is a depreciation schedule available for any of the property listed in Part 8?**☐ No☒ Yes

Debtor Sound Medical Supply Partners, LLC
Name

Case number (If known) _____

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites <u>www.sound-medical.com</u>	<u>\$0.00</u>		<u>\$0.00</u>

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor Sound Medical Supply Partners, LLC
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$957.78	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$3,750.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$477,407.22	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$55,476.82	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$1,980.80	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$58,388.90	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$597,961.52	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$597,961.52

Fill in this information to identify the case:Debtor name Sound Medical Supply Partners, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA - WILMINGTON DIVISION

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Ally Financial Creditor's Name Attn: Managing Agent P. O. Box 380901 Bloomington, MN 55438 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 3206 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 2015 Nissan Delivery Van, VIN 33150 Describe the lien Lien on title Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$24,658.43</u>	<u>\$15,400.00</u>
2.2	BMW Bank of North America Creditor's Name Attn: Manager or Agent P.O. Box 78066 Phoenix, AZ 85062-8066 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 4666 Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien 2013 BMW, VIN 53186 Describe the lien Lien on title Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	<u>\$57,152.22</u>	<u>\$29,100.00</u>

Debtor Sound Medical Supply Partners, LLC

Case number (if know) _____

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.3** Capacity Funding, LLC

Creditor's Name

Attn: Manager or Agent
7 Renaissance Sq., 5th Fl.
White Plains, NY 10601

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

12/13/2016

Last 4 digits of account number

1556

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien**

Merchant cash advance-blanket lien

\$385,055.21

\$0.00

Describe the lien**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4** Kings Cash Group

Creditor's Name

Attn: Manager or Agent
30 Broad Street, 12th Floor
New York, NY 10001

Creditor's mailing address

ingo@kingscashgroup.com

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien**

Blanket lien

\$154,564.00

\$0.00

Describe the lien

Security Agmt but no UCC-1 filed

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5** LEAF Financial

Creditor's Name

Attn: Manager or Agent
2005 Market Street, 14th Fl.
Philadelphia, PA 19103

Creditor's mailing address

Describe debtor's property that is subject to a lien

Epicor Software

\$18,895.75

Unknown

Describe the lien

UCC-1 Financing Statement

Is the creditor an insider or related party?☒ No

Debtor Sound Medical Supply Partners, LLC

Case number (if know) _____

Name

Creditor's email address, if known

Date debt was incurred

4/20/2015

Last 4 digits of account number

8001

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.6 LEAF Financial**

Creditor's Name

Attn: Manager or Agent
2005 Market Street, 14th Fl.
Philadelphia, PA 19103

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

11/1/2015

Last 4 digits of account number

8001

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien**

Epicor Software

\$6,371.00

Unknown

Describe the lien

UCC-1 Financing Statement

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.7 Merchant Funding Svcs., LLC**

Creditor's Name

Attn: Manager or Agent
One Evertrust Plaze, Ste
1401
Jersey City, NJ 07302

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**Describe debtor's property that is subject to a lien**

Blanket lien

\$126,549.00

\$0.00

Describe the lien**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.8 Platinum Rapid Funding****Describe debtor's property that is subject to a lien**

\$341,942.76

\$0.00

Debtor Sound Medical Supply Partners, LLC
Name

Case number (if know) _____

Creditor's Name

Group, Ltd.
Attn: Manager or Agent
348 RXR Plaza
Uniondale, NY 11556

Creditor's mailing address

Blanket lien

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

abartone@platinumrfg.com

Creditor's email address, if known

Date debt was incurred

11/3/2016

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.9

Summit Financial Resources,
LP

Creditor's Name

Attn: Manager or Agent
2455 E. Parleys Way
Ste 200
Salt Lake City, UT 84109

Creditor's mailing address

Describe debtor's property that is subject to a lien

Blanket lien (Inventory, A/R, Equipment)

\$690,561.00

\$543,028.74

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

11/1/2016

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,805,749.37

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name Sound Medical Supply Partners, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA - WILMINGTON
DIVISION

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service Alamance Bldg Mail Stop 24 4905 Koger Blvd Ste 102 Greensboro, NC 27407 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown	Unknown
2.2	Priority creditor's name and mailing address N.C. Dept. of Revenue ATTN: Officer Office Svcs Div, Bankruptcy Un P. O. Box 1168 Raleigh, NC 27602-1168 Date or dates debt was incurred 12/15/2016 Last 4 digits of account number <u>0929</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: NC Sales Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,113.87	\$62,113.87

Debtor	Sound Medical Supply Partners, LLC <small>Name</small>	Case number (if known)
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2.3	Priority creditor's name and mailing address N.C. Dept. of Revenue ATTN: Officer Office Svcs Div, Bankruptcy Un P. O. Box 1168 Raleigh, NC 27602-1168 <hr/> Date or dates debt was incurred 12/15/2016 <hr/> Last 4 digits of account number <u>0929</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <hr/> Basis for the claim: Penalty <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,173.95	\$10,173.95
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2.4	Priority creditor's name and mailing address New Hanover Co Tax Coll Attn: Managing Agent PO Box 18000 Wilmington, NC 28406 <hr/> Date or dates debt was incurred 1/16/2016 and 1/17/2017 <hr/> Last 4 digits of account number <u>0587</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <hr/> Basis for the claim: Business property tax <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,708.82	\$2,708.82
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2.5	Priority creditor's name and mailing address Tennessee Dept. of Revenue Attn: Manager or Agent Andrew Jackson Bldg, FL 8 500 Deaderick Street Nashville, TN 37242 <hr/> Date or dates debt was incurred 11/31/2016 <hr/> Last 4 digits of account number <u>1300</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <hr/> Basis for the claim: Tennessee Sales Tax <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,783.64	\$6,783.64
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2.6	Priority creditor's name and mailing address Tennessee Dept. of Revenue Attn: Manager or Agent Andrew Jackson Bldg, FL 8 500 Deaderick Street Nashville, TN 37242 <hr/> Date or dates debt was incurred 11/30/2016 <hr/> Last 4 digits of account number <u>1300</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <hr/> Basis for the claim: Penalty <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$745.90	\$745.90
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Debtor Sound Medical Supply Partners, LLC
Name

Case number (if known) _____

2.7	Priority creditor's name and mailing address <u>Tennessee Dept. of Revenue</u> Attn: Manager or Agent Andrew Jackson Bldg, FL 8 500 Deaderick Street Nashville, TN 37242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,018.79	\$5,018.79
	Date or dates debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number <u>179S</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
3.1	Nonpriority creditor's name and mailing address Accident Fund Attn: Manager or Agent P.O. Box 40790 Lansing, MI 48901-7990 Date(s) debt was incurred _____ Last 4 digits of account number <u>7700</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,479.00	
3.2	Nonpriority creditor's name and mailing address Accutome, Inc. Attn: Manager or Agent 3222 Phoenixville Pike Malvern, PA 19355 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91.95	
3.3	Nonpriority creditor's name and mailing address Adenna Attn: Manager or Agent 201 South Mailliken Avenue Ontario, CA 91761 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.48	
3.4	Nonpriority creditor's name and mailing address Akorn, Inc. Attn: Manager or Agent 1924 West Field Court Lake Forest, IL 60045 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,974.31	
3.5	Nonpriority creditor's name and mailing address Alliance Tech Medical Attn: Manager or Agent P.O. Box 6024 Granbury, TX 76049 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$826.49	

Debtor	Sound Medical Supply Partners, LLC Name	Case number (if known)
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3.6	Nonpriority creditor's name and mailing address Ambu, Inc. Attn: Manager or Agent P.O. Box 347818 Pittsburgh, PA 15251-4818 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$955.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address American Express Attn: Manager or Agent P.O. Box 981540 El Paso, TX 79998-1540 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>1037</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$65,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	Nonpriority creditor's name and mailing address AmericourceBergen Attn: Manager or Agent P.O. Box 503270 Saint Louis, MO 63150-3270 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$280.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	Nonpriority creditor's name and mailing address Andover Healthcare Attn: Manager or Agent 9 Fanaras Drive Salisbury, MA 01952 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,910.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	Nonpriority creditor's name and mailing address Avalon Papers, LLC Attn: Manager or Agent P.O. Box 3967 Oshkosh, WI 54903-3967 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,716.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.11	Nonpriority creditor's name and mailing address Bard Medical Attn: Manager or Agent P.O. Box 75767 Charlotte, NC 28275 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,947.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12	Nonpriority creditor's name and mailing address Behalf Credit Attn: Manager or Agent 126 5th Avenue New York, NY 10011 Date(s) debt was incurred <u>12/29/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,900.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit repair services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Sound Medical Supply Partners, LLC <small>Name</small>	Case number (if known) _____
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3.13	Nonpriority creditor's name and mailing address Bell Medical Services Attn: Manager or Agent 120 Benderburg Marlboro, NJ 07746 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$4,245.03</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Biolife, LLC Attn: Manager or Agent 8163 25th Court E Sarasota, FL 34243 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$768.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address Bionix Development Corp. Attn: Manager or Agent 5154 Enterprise Blvd. Toledo, OH 43612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$786.70</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address Bioseal Attn: Manager or Agent 167 West Orangethorpe Ave. Placentia, CA 92870 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$819.84</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address Bledsoe Brace Systems Attn: Manager or Agent 2601 Pinewood Drive Grand Prairie, TX 75051 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$342.64</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address BSN Medical, Inc. Attn: Manager or Agent P.O. Box 751766 Charlotte, NC 28275-1766 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$7,196.58</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address C-Core Medical Attn: Manager or Agent P.O. Box 471492 Lake Monroe, FL 32747 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$196.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Sound Medical Supply Partners, LLC Name	Case number (if known)
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3.20	Nonpriority creditor's name and mailing address Calgonate Corp. Attn: Manager or Agent 1391 NW St. Lucie West Blvd #303 Port Saint Lucie, FL 34986 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$206.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address Capital One Spark Attn: Manager or Agent P.O. Box 71083 Charlotte, NC 28272-1083 Date(s) debt was incurred _____ Last 4 digits of account number <u>2412</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,990.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	Nonpriority creditor's name and mailing address Capitol Vial Attn: Manager or Agent 2039 McMillan Street Auburn, AL 36832 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,177.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address Cardinal Health Attn: Manager or Agent P.O.Box 730112 Dallas, TX 75373 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,642.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.24	Nonpriority creditor's name and mailing address Chattanooga Group Attn: Manager or Agent 1430 Decision Street Vista, CA 92081 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$504.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.25	Nonpriority creditor's name and mailing address Clarity Diagnostics Attn: Manager or Agent 1060 Holland Drive Boca Raton, FL 33487 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$61.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.26	Nonpriority creditor's name and mailing address Clinton Industries, Inc. Attn: Manager or Agent 525 East Market Street York, PA 17403 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,346.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Sound Medical Supply Partners, LLC Name	Case number (if known)
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3.27	Nonpriority creditor's name and mailing address Columbia Power & Washer Sys Attn: Manager or Agent P.O. Box 379 Columbia, TN 38402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$49.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	Nonpriority creditor's name and mailing address Copiers Plus, Inc. Attn: Manager or Agent P.O. Box 729 Fayetteville, NC 28302-0729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,381.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.29	Nonpriority creditor's name and mailing address Coretex Products, Inc. Attn: Manager or Agent First Growth Capital Los Angeles, CA 90051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$447.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address Dixie EMS Supply Attn: Manager or Agent 10101 Foster Ave. Brooklyn, NY 11236 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$407.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address Dynarex Corporation Attn: Manager or Agent P.O. Box 712454 Cincinnati, OH 45201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,816.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	Nonpriority creditor's name and mailing address Encompass Group / Albahealth Attn: Manager or Agent Charlotte, NC 28289 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$612.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address Enthermics Medical Systems Attn: Manager or Agent W164 N9221 Water Street New Holstein, WI 53061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,452.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Sound Medical Supply Partners, LLC <small>Name</small>	Case number (if known) _____
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3.34	Nonpriority creditor's name and mailing address Epicor Software Corporation Attn: Manager or Agent P.O. Box 671069 Dallas, TX 75267 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$18,071.50</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address Ergodyne Corporation Attn: Manager or Agent NW8521 Minneapolis, MN 55485 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,031.97</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address Federal Express Corporation Attn: Manager or Agent P.O. Box 223125 Pittsburgh, PA 15251 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$32,396.62</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Nonpriority creditor's name and mailing address Ferris MFG Corp. Attn: Manager or Agent P.O. Box 732507 Dallas, TX 75373-2507 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$338.73</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address Fisher Scientific Company Attn: Manager or Agent P.O. Box 404705 Atlanta, GA 30384 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,208.47</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	Nonpriority creditor's name and mailing address Garland C. Norris Company Attn: Manager or Agent P.O. Box 28 Apex, NC 27502 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,274.05</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	Nonpriority creditor's name and mailing address Gavis Pharmaceuticals, LLC Attn: Manager or Agent 400 Campus Drive Somerset, NJ 08873 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$5,328.60</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.41	Nonpriority creditor's name and mailing address GoFit Attn: Manager or Agent 12929 E. Apache Street Tulsa, OK 74116 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$97.30</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42	Nonpriority creditor's name and mailing address Graham Field Attn: Manager or Agent 2935 Northeast Parkway Atlanta, GA 30360 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$528.76</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43	Nonpriority creditor's name and mailing address Graphic Controls d/b/a VERMED Attn: Manager or Agent P.O. Box 1271 Buffalo, NY 14204 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$740.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	Nonpriority creditor's name and mailing address Helena Laboratories Attn: Manager or Agent 1530 Lindbergh Drive Beaumont, TX 77704-0752 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$253.33</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45	Nonpriority creditor's name and mailing address Hemosure, Inc. Attn: Manager or Agent 5358 Irwindale Avenue Baldwin Park, CA 91706 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$914.15</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	Nonpriority creditor's name and mailing address Henry Schein, Inc. c/b/a InSource Attn: Manager or Agent Dept CH 10560 Palatine, IL 60055 Date(s) debt was incurred <u>5/24/2016</u> Last 4 digits of account number <u>0894</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$28,952.42</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Inventory</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47	Nonpriority creditor's name and mailing address Hilco / i-Promotions Attn: Manager or Agent 9522 Gravois Road Saint Louis, MO 63123 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$811.51</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.48	Nonpriority creditor's name and mailing address Hilex Poly Co., LLC Attn: Manager or Agent Dept. 720048 P.O. Box 1335 Charlotte, NC 28201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$5,439.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address Hospira Attn: Manager or Agent 75 Remittance Drive Chicago, IL 60675 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$7,836.43</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50	Nonpriority creditor's name and mailing address HUB Pharmaceuticals, LLC Attn: Manager or Agent 9339 Charles Smith Ave. Rancho Cucamonga, CA 91730 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$90.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address Hurricane Medical, Inc. Attn: Manager or Agent 5315 Lena Road Bradenton, FL 34211 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$198.90</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.52	Nonpriority creditor's name and mailing address Independent Pharma Attn: Manager or Agent 854 E. Crescentville Road Cincinnati, OH 45246 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$6,599.32</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.53	Nonpriority creditor's name and mailing address Infection Control Tech. Attn: Manager or Agent P.O. Box 160526 Clearfield, UT 84016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$3,827.77</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address Insource Attn: Manager or Agent Box 382023 Pittsburgh, PA 15250-2028 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$34,082.70</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address J&M Supply Attn: Manager or Agent 2406 Highland Avenue Columbia, TN 38401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$127.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.56	Nonpriority creditor's name and mailing address Jant Pharmacal Corp. Attn: Manager or Agent 16530 Ventura Blvd. #512 Encino, CA 91436 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,571.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.57	Nonpriority creditor's name and mailing address Johnson Morgan and White Attn: Manager or Agent 6800 Broken Sound Parkway Boca Raton, FL 33487 Date(s) debt was incurred _____ Last 4 digits of account number <u>3326</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,212.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.58	Nonpriority creditor's name and mailing address Lagasse, Inc. Attn: Manager or Agent P.O. Box 532670 Atlanta, GA 30353 Date(s) debt was incurred _____ Last 4 digits of account number <u>6156</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,032.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.59	Nonpriority creditor's name and mailing address Mammoth Medical Attn: Manager or Agent P.O. Box 1000, Sept #395 Memphis, TN 38148 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,454.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.60	Nonpriority creditor's name and mailing address MedChain Supply Attn: Manager or Agent P.O. Box 842818 Boston, MA 02284-2818 Date(s) debt was incurred _____ Last 4 digits of account number <u>0061</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,483.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.61	Nonpriority creditor's name and mailing address Medi Nuclear Attn: Manager or Agent 3365 Momentum Place Chicago, IL 60689 Date(s) debt was incurred _____ Last 4 digits of account number <u>4190</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$504.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Name

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3.62	Nonpriority creditor's name and mailing address Medical ID Solutions Attn: Manager or Agent 6325 McCoy Road Orlando, FL 32822 Date(s) debt was incurred _____ Last 4 digits of account number <u>2089</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.45
3.63	Nonpriority creditor's name and mailing address Medical Products, Inc. Attn: Manager or Agent P.O. Box 207 Piney Creek, NC 28663 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,429.24
3.64	Nonpriority creditor's name and mailing address Medique Products Attn: Manager or Agent 4159 Shoreline Drive Earth City, MO 63045 Date(s) debt was incurred _____ Last 4 digits of account number <u>SMSP</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,149.46
3.65	Nonpriority creditor's name and mailing address Medline Industries, Inc. Attn: Manager or Agent Box 382075 Pittsburgh, PA 15251-8075 Date(s) debt was incurred _____ Last 4 digits of account number <u>2539</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$221.86
3.66	Nonpriority creditor's name and mailing address Medworld Supply, Inc. Attn: Manager or Agent 168 10th Street Brooklyn, NY 11215 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,136.37
3.67	Nonpriority creditor's name and mailing address Meridian Medical Technologies Attn: Manager or Agent 6350 Stevens Forest Road Columbia, MD 21046 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$475.00
3.68	Nonpriority creditor's name and mailing address Micro Direct Attn: Manager or Agent 803 Webster Street Lewiston, ME 04240 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71.51

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3.69	Nonpriority creditor's name and mailing address Mortara / Burdick Attn: Manager or Agent 7865 North 86th Street Milwaukee, WI 53224 Date(s) debt was incurred ____ Last 4 digits of account number <u>8843</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$224.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.70	Nonpriority creditor's name and mailing address MSI Precision Specialty Instruments Attn: Manager or Agent 1220 Valley Forge Rd,Bldg 34 Phoenixville, PA 19460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$328.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.71	Nonpriority creditor's name and mailing address Natus Medical, Inc. Attn: Manager or Agent P.O. Box 3604 Carol Stream, IL 60132 Date(s) debt was incurred ____ Last 4 digits of account number <u>8616</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,170.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.72	Nonpriority creditor's name and mailing address NDC, Inc. Attn: Manager or Agent 407 New Sanford Road La Vergne, TN 37086 Date(s) debt was incurred ____ Last 4 digits of account number <u>0061</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$312,940.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.73	Nonpriority creditor's name and mailing address Nikomeds USA, Inc. Attn: Manager or Agent 2800 Turnpike Drive Hatboro, PA 19040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$152.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.74	Nonpriority creditor's name and mailing address North Coast Medical, Inc. Attn: Manager or Agent 8100 Camino Arroyo Gilroy, CA 95020 Date(s) debt was incurred ____ Last 4 digits of account number <u>0328</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$501.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.75	Nonpriority creditor's name and mailing address O'Reilly Auto Parts Attn: Manager or Agent P.O. Box 1156 Springfield, MO 65801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$157.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Sound Medical Supply Partners, LLC
Name

Case number (if known) _____

3.76	Nonpriority creditor's name and mailing address Occunomix International, LLC Attn: Manager or Agent 3447 Solutions Center Chicago, IL 60677 Date(s) debt was incurred _____ Last 4 digits of account number <u>U284</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,162.58</u>
3.77	Nonpriority creditor's name and mailing address Office Depot Attn: Manager or Agent P.O. Box 633211 Cincinnati, OH 45263 Date(s) debt was incurred _____ Last 4 digits of account number <u>2837</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$691.91</u>
3.78	Nonpriority creditor's name and mailing address Office Depot Attn: Manager or Agent P.O. Box 633211 Cincinnati, OH 45263 Date(s) debt was incurred _____ Last 4 digits of account number <u>5257</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,220.72</u>
3.79	Nonpriority creditor's name and mailing address Omnimed, Inc. Attn: Manager or Agent 800 Glen Avenue Moorestown, NJ 08057 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$152.46</u>
3.80	Nonpriority creditor's name and mailing address One Beat CPR Learning Ctr. Attn: Manager or Agent 4350 Oakes Road Fort Lauderdale, FL 33314 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,875.54</u>
3.81	Nonpriority creditor's name and mailing address OTPP Attn: Manager or Agent 3800 Anapolis Ln, Ste 165 Minneapolis, MN 55447 Date(s) debt was incurred _____ Last 4 digits of account number <u>8480</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$396.85</u>
3.82	Nonpriority creditor's name and mailing address Ovation Medical Attn: Manager or Agent P.O. Box 745846 Los Angeles, CA 90074-5846 Date(s) debt was incurred _____ Last 4 digits of account number <u>4760</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$750.33</u>

Debtor	Sound Medical Supply Partners, LLC <small>Name</small>	Case number (if known) _____
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3.83	Nonpriority creditor's name and mailing address Parker Laboratories, Inc. Attn: Manager or Agent 286 Eldridge Road Fairfield, NJ 07004 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$259.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.84	Nonpriority creditor's name and mailing address D. Read Patterson, II 905 Twisted Oak Place Wilmington, NC 28405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$82,465.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid wages</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.85	Nonpriority creditor's name and mailing address D. Read Patterson, II 905 Twisted Oak Place Wilmington, NC 28405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22,266.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.86	Nonpriority creditor's name and mailing address Personnel Concepts, Inc. Attn: Manager or Agent P.O. Box 5750 Carol Stream, IL 60197-5750 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$329.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.87	Nonpriority creditor's name and mailing address Phillips Burton Attn: Manager or Agent 21100 Lassen Street Chatsworth, CA 91311 Date(s) debt was incurred _____ Last 4 digits of account number <u>5725</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$350.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.88	Nonpriority creditor's name and mailing address Physio Control Attn: Manager or Agent 11811 Willows Road NE Redmond, WA 98052 Date(s) debt was incurred _____ Last 4 digits of account number <u>9101</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,990.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.89	Nonpriority creditor's name and mailing address Power Systems Attn: Manager or Agent 5700 Casey Drive Knoxville, TN 37909 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$764.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor <u>Sound Medical Supply Partners, LLC</u> <small>Name</small>	Case number (if known) _____
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3.90	Nonpriority creditor's name and mailing address Preventia Security, LLC Attn: Manager or Agent P.O. Box 1563 Columbia, TN 38401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89.95
<hr/>			
3.91	Nonpriority creditor's name and mailing address Proper Mfg. Co., Inc. Attn: Manager or Agent 36-04 Skillman Ave. Long Island City, NY 11101 Date(s) debt was incurred _____ Last 4 digits of account number <u>2810</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,001.93
<hr/>			
3.92	Nonpriority creditor's name and mailing address PSI Collections Attn: Manager or Agent 21214 Schofield Drive Gretna, NE 68028 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$79.68
<hr/>			
3.93	Nonpriority creditor's name and mailing address Puritan Medical Products Attn: Manager or Agent 31 School Street Guilford, ME 04443 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$563.62
<hr/>			
3.94	Nonpriority creditor's name and mailing address Retractable Technologies, Inc. Attn: Manager or Agent 511 Lobo Lane Little Elm, TX 75068 Date(s) debt was incurred _____ Last 4 digits of account number <u>3245</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,549.00
<hr/>			
3.95	Nonpriority creditor's name and mailing address S.P. Richards Company Attn: Manager or Agent P.O. Box 1266 Smyrna, GA 30081-1266 Date(s) debt was incurred _____ Last 4 digits of account number <u>3661</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$478.44
<hr/>			
3.96	Nonpriority creditor's name and mailing address Scientific Sales, Inc. Attn: Manager or Agent 130 Valley Court Oak Ridge, TN 37830 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$154.68

Debtor	Sound Medical Supply Partners, LLC <small>Name</small>	Case number (if known) _____
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3.97	Nonpriority creditor's name and mailing address Seneca Medical Attn: Manager or Agent P.O. Box 636705 Cincinnati, OH 45263-6705 Date(s) debt was incurred _____ Last 4 digits of account number <u>5611</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$732.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.98	Nonpriority creditor's name and mailing address Share Moving Media, Inc. Attn: Manager or Agent 1735 N. Brown Road, Suite 140 Lawrenceville, GA 30043 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.99	Nonpriority creditor's name and mailing address Shuttle Systems Attn: Manager or Agent 4201 Guide Meridian, Ste 101A Bellingham, WA 98226 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,321.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.100	Nonpriority creditor's name and mailing address Teleflex Medical Incorporated Attn: Manager or Agent P.O. Box 601608 Charlotte, NC 28260 Date(s) debt was incurred _____ Last 4 digits of account number <u>2163</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,674.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.101	Nonpriority creditor's name and mailing address Terminix Co of NC Attn: Manager or Agent P.O. Box 2587 Fayetteville, NC 28302 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$175.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.102	Nonpriority creditor's name and mailing address The Palm Tree Group Attn: Manager or Agent 12701 Director's Dr. Stafford, TX 77477 Date(s) debt was incurred _____ Last 4 digits of account number <u>8583</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,266.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.103	Nonpriority creditor's name and mailing address The Pillow Factory Attn: Manager or Agent 900 Busch Pkwy Buffalo Grove, IL 60089 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$370.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Sound Medical Supply Partners, LLC
Name

Case number (if known) _____

3.104	Nonpriority creditor's name and mailing address Tradex Attn: Manager or Agent P.O. Box 75746 Cleveland, OH 44101-4755 Date(s) debt was incurred _____ Last 4 digits of account number <u>OUND</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,395.79
3.105	Nonpriority creditor's name and mailing address TSI Attn: Manager or Agent 500 Cardigan Road Saint Paul, MN 55126 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$266.76
3.106	Nonpriority creditor's name and mailing address UPS Attn: Manager or Agent P.O. Box 7247-0244 Philadelphia, PA 19170-0001 Date(s) debt was incurred _____ Last 4 digits of account number <u>W552</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$436.53
3.107	Nonpriority creditor's name and mailing address US Diagnostics Attn: Manager or Agent P.O. Box 5531 Carol Stream, IL 60197-5531 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,844.63
3.108	Nonpriority creditor's name and mailing address VE Ralph and Son, Inc. Attn: Manager or Agent 320 Schuyler Ave. Kearny, NJ 07032 Date(s) debt was incurred _____ Last 4 digits of account number <u>4155</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144.00
3.109	Nonpriority creditor's name and mailing address Wallach Surgical Devices, Inc. Attn: Manager or Agent 95 Corporate Drive Trumbull, CT 06611 Date(s) debt was incurred _____ Last 4 digits of account number <u>2793</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,167.85

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Debtor Sound Medical Supply Partners, LLC
Name

Case number (if known) _____

5a. Total claims from Part 1**5b. Total claims from Part 2****5c. Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 87,544.97
5b. +	\$ 851,127.44
5c.	\$ 938,672.41

Fill in this information to identify the case:Debtor name Sound Medical Supply Partners, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA - WILMINGTON
DIVISION

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest
Lease of commercial office space located at 1930 Oleander Drive, WilmingtonState the term remaining
Expires 1/31/2019

List the contract number of any government contract _____

Columbus Properties, LLC
Attn: David Sprunt
1201-B Columbus Circle
Wilmington, NC 28403

Fill in this information to identify the case:Debtor name Sound Medical Supply Partners, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA - WILMINGTON DIVISION

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.***Column 1: Codebtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	D. Read Patterson, II	905 Twisted Oak Place Wilmington, NC 28405	Kings Cash Group	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	D. Read Patterson, II	905 Twisted Oak Place Wilmington, NC 28405	Merchant Funding Svcs., LLC	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	D. Read Patterson, II	905 Twisted Oak Place Wilmington, NC 28405	Capacity Funding, LLC	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	D. Read Patterson, II	905 Twisted Oak Place Wilmington, NC 28405	Platinum Rapid Funding	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	D. Read Patterson, II	905 Twisted Oak Place Wilmington, NC 28405	Ally Financial	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor Sound Medical Supply Partners, LLC

Case number (if known) _____

Additional Page to List More Codebtors**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor

Column 2: Creditor

2.6	D. Read Patterson, II	905 Twisted Oak Place Wilmington, NC 28405	BMW Bank of North America	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.7	D. Read Patterson, II	905 Twisted Oak Place Wilmington, NC 28405	Summit Financial Resources, LP	<input checked="" type="checkbox"/> D <u>2.9</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.8	D. Read Patterson, II	905 Twisted Oak Place Wilmington, NC 28405	American Express	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.7</u> <input type="checkbox"/> G _____
<hr/>				
2.9	D. Read Patterson, II	905 Twisted Oak Place Wilmington, NC 28405	Capital One Spark	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.21</u> <input type="checkbox"/> G _____
<hr/>				
2.10	D. Read Patterson, II	905 Twisted Oak Place Wilmington, NC 28405	Behalf Credit	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.12</u> <input type="checkbox"/> G _____
<hr/>				
2.11	D. Read Patterson, II	905 Twisted Oak Place Wilmington, NC 28405	LEAF Financial	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.12	D. Read Patterson, II	905 Twisted Oak Place Wilmington, NC 28405	LEAF Financial	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				

Fill in this information to identify the case:Debtor name Sound Medical Supply Partners, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINA - WILMINGTON DIVISION

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**From the beginning of the fiscal year to filing date:
From 1/01/2017 to Filing Date**Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)\$118,175.84For prior year:
From 1/01/2016 to 12/31/2016☒ Operating a business☐ Other _____\$4,615,480.61For year before that:
From 1/01/2015 to 12/31/2015☒ Operating a business☐ Other _____\$4,786,677.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
Check all that apply

Debtor Sound Medical Supply Partners, LLC

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See attached Exhibit A		\$0.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. D. Read Patterson, II 905 Twisted Oak Place Wilmington, NC 28405 Managing Member	(See Exhibit B)	\$0.00	(See Exhibit B)
4.2. GreatAmerica Financial	Periodic payments, with balance paid in November 2016	\$40,000.00	Payments on debts for which Gregory J. Johnson (former member) was guarantor Approx. total of payments shown
4.3. Toyota Financial	Periodic payments, with balance paid in November 2016	\$37,000.00	Payments on debts for which Gregory J. Johnson (former member) was guarantor Approx. total of payments shown

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

Debtor Sound Medical Supply Partners, LLC

Case number (if known) _____

☒ None.

Case title	Nature of case	Court or agency's name and address	Status of case
Case number			

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor Sound Medical Supply Partners, LLC

Case number (if known) _____

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.		1/5/2017	
Stubbs & Perdue, P.A. 310 Craven Street PO Box 1654 New Bern, NC 28563-1654		*See additional information contained in the Affidavit attached to the Application for Employment of Attorney for the Debtor	\$26,717.00
Email or website address			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 6608-3 Windmill Way Wilmington, NC 28405	3/1/2012 to 10/31/2013
14.2. P.O. Box 4 Wilmington, NC 28402	12/21/2011 to 2013

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Debtor Sound Medical Supply Partners, LLC

Case number (if known) _____

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. South State Bank	XXXX-3790	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other____	11/15/2016	\$17,318.10

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor Sound Medical Supply Partners, LLC

Case number (if known) _____

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

Debtor Sound Medical Supply Partners, LLC

Case number (if known) _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address		Date of service From-To
26a.1.	JulieAnn Beverage 108 Sandy Shore Lane Swansboro, NC 28584	8/20/2012 to 7/2/2015
26a.2.	Jennifer Davis 6312 Morrow Road Wilmington, NC 28412	6/15/2015 to 2/12/2016
26a.3.	Lauren Haardin Morse 504 Amberdale Circle Pembroke, NC 28372	3/29/2016 to 5/20/2016
26a.4.	Heidi Manders 501 Cape Fear Blvd. Carolina Beach, NC 28428	5/16/2016 to present
26a.5.	Adam Shay Lauren Isaacson, CPA 1721 Allens Lane #210 Wilmington, NC 28403	2014 and 2015
26a.6.	Madison Scuorzo 609 Saint Vincent Drive Wilmington, NC 28412	12/2/2014 to 6/26/2015

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address		Date of service From-To
26b.1.	Accident Fund 200 N. Grand Avenue Lansing, MI 48901-7990	Payroll audit for worker's compensation insurance for 2015-2016
Name and address		Date of service From-To
26b.2.	Joseph Gillespie & Jacob Broome Unified Examiners 2858 Johnson Ferry Road Suite 250 Marietta, GA 30062	2016

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	Adam Shay Lauren Isaacson, CPA 1721 Allens Lane #210 Wilmington, NC 28403	

Debtor Sound Medical Supply Partners, LLC

Case number (if known) _____

Name and address**If any books of account and records are unavailable, explain why**

26c.2. Heidi Manders
501 Cape Fear Blvd.
Carolina Beach, NC 28428

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. Summit Financial Resources, LP
Attn: Manager or Agent
2455 E. Parleys Way
Ste 200
Salt Lake City, UT 84109

26d.2. Sterling Commercial Credit, LLC
10559 Citation Dr., Ste. 204
Brighton, MI 48116

26d.3. Knight Capital

26d.4. Windset Capital Corporation
4168 West 12600 South
2nd Floor
Herriman, UT 84096

26d.5. Evolution

26d.6. Kings Cash Group
Attn: Manager or Agent
30 Broad Street, 12th Floor
New York, NY 10001

26d.7. Capacity Funding, LLC
Attn: Manager or Agent
7 Renaissance Sq., 5th Fl.
White Plains, NY 10601

26d.8. Platinum Rapid Funding
Group, Ltd.
Attn: Manager or Agent
348 RXR Plaza
Uniondale, NY 11556

26d.9. Crystal Funding

26d.10. Web Bank/Can Capital
2015 Vaughn Road, Ste 500
Kennesaw, GA 30144

26d.11. CresCom

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

Debtor Sound Medical Supply Partners, LLC

Case number (if known) _____

☐ No☒ Yes. Give the details about the two most recent inventories.

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Kieran Davis	1/10/2017	\$548,678.04 - Cost
	Name and address of the person who has possession of inventory records Debtor		
27.2	Kieran Davis	1/12/2017	\$554,768.24 - cost
	Name and address of the person who has possession of inventory records Debtor		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
D. Read Patterson, II	905 Twisted Oak Place Wilmington, NC 28405	Managing Member	85% membership interest - Class A
Atlantic Coast Orthopaedic	Medical Supplies, Inc. Attn: Manager or Agent 6510 Northpark Blvd. Charlotte, NC 28216	Member	10% membership interest - Class B
Wilmington Health, PLLC	Attn: Manager or Agent 1202 Medical Center Drive Wilmington, NC 28401	Member	5% membership interest - Class B

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Brad Johnson	114 Christopher St., Apt 9 New York, NY 10014	Managing Member	12/21/2011 to 11/17/2016

Debtor Sound Medical Supply Partners, LLC

Case number (if known) _____

Name	Address	Position and nature of any interest	Period during which position or interest was held
Gregory James Johnson	413 Marshland Drive Wilmington, NC 28405	Managing Member	12/21/2011 to 11/17/2016
Name	Address	Position and nature of any interest	Period during which position or interest was held
James L. Johnson	401 Indian Harbor Road Vero Beach, FL 32963	Managing Member	12/21/2011 to 11/17/2016

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	D. Read Patterson, II 905 Twisted Oak Place Wilmington, NC 28405	See Exhibit B	See Exhibit B	See Exhibit B
	Relationship to debtor Managing Member			
30.2	Gregory James Johnson 413 Marshland Drive Wilmington, NC 28405	885.89	1/30/2015	Interest on loan made to company.
	Relationship to debtor Former member			
30.3	James L. Johnson 401 Indian Harbor Road Vero Beach, FL 32963	\$506.23	1/30/2015	Interest on loan made to company.
	Relationship to debtor Former member			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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Debtor Sound Medical Supply Partners, LLC

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 13, 2017

/s/ D. Read Patterson, II
Signature of individual signing on behalf of the debtor

D. Read Patterson, II
Printed name

Position or relationship to debtor CEO and Managing Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

EXHIBIT A**SFA - Q.3****Payments to Creditors - 90 days**

	Total Paid	Reason Payment					
ACO Med Supply	8032.50	supplier		6510 northpark blvd	Charlotte, NC 28216		704-921-0116
2 006336		10/14/2016 13:13	\$ 1,343.55	ACO Med Supply			
2 006336M		10/28/2016 12:18	\$ 1,343.55	ACO Med Supply			
2 ACHACO10262016A		10/26/2016 0:00	\$ 1,354.34	ACO Med Supply			
1 ACHOneBeat12162016A		12/16/2016 0:00	\$ 1,486.10	ACO Med Supply			
4 ACOAMEX2504.96A		11/11/2016 0:00	\$ 2,504.96	ACO Med Supply			
Alliance Federal Credit Union /RPatterson	12302.21	supplies and expenses		2465 S 17th Street	Wilmington NC		28403
1 002704		11/30/2016 14:30	\$ 1,200.00	Alliance Federal Credit Union			
1 002737		12/14/2016 15:17	\$ 5,041.35	Alliance Federal Credit Union			
2 006325		10/13/2016 16:33	\$ 6,060.86	Alliance Federal Credit Union			
American Express	141122.18	supplies and expenses		American Express P.O. box 981540	El Paso TX		79998-1540
2 ACHAMEXMeFEE10142016A		10/25/2016 17:43	\$ 7.95	American Express			
4 AMEXLateFee11302016A		11/30/2016 0:00	\$ 38.00	American Express			
1 ACHAMEXCCFEE12192016A		12/19/2016 15:45	\$ 135.15	American Express			
1 ACHAMEX11182016A		11/18/2016 0:00	\$ 222.09	American Express			
2 ACHAmexFee10182016A		10/25/2016 17:57	\$ 265.37	American Express			
4 AMEXCCfinanchg102820A		10/28/2016 0:00	\$ 490.52	American Express			
1 ACHAMEXpay11212016A		11/25/2016 12:37	\$ 20,000.00	American Express			
1 ACHAMEX12302016A		12/30/2016 0:00	\$ 52,361.84	American Express			
2 ACHAMEX11102016A		11/10/2016 10:08	\$ 67,601.26	American Express			
Bell Medical Services	17201.11	supplier		120 Vanderburg	Marlboro NJ		7746
1 002686		11/18/2016 14:39	\$ 1,934.04	Bell Medical Services			
5 BELLCC 10192016A		10/19/2016 17:52	\$ 3,196.95	Bell Medical Services			
4 BELLAMEXCC11112016A		11/11/2016 12:48	\$ 12,070.12	Bell Medical Services			
Blue Cross Blue Shield	8081.82	services		BCBS of North P.O. box 2291	Durham NC		27702
1 ACHBCBS12092016A		12/9/2016 0:00	\$ 2,057.66	Blue Cross Blue Shield			
2 ACHBCBS11082016A		11/9/2016 8:51	\$ 2,057.66	Blue Cross Blue Shield			
1 ACHBCBS12212016A		12/21/2016 15:55	\$ 3,966.50	Blue Cross Blue Shield			
Capital One	59632.62	supplies and expenses		Capital One Bank P.O. box 71083	Charlotte NC		28272-1083
5 CourtyardCC10242016A		10/31/2016 0:00	\$ 30.98	Capital One			
5 BPCC11252016A		11/25/2016 0:00	\$ 49.69	Capital One			
5 CapOneEXP2CC10312016A		10/31/2016 0:00	\$ 77.07	Capital One			
5 CaponeCC11302016A		12/13/2016 12:15	\$ 162.12	Capital One			
5 CAPone11302016A		11/30/2016 0:00	\$ 348.26	Capital One			
5 OctExpCC10312016A		10/31/2016 0:00	\$ 657.34	Capital One			
5 CapneCC12192016A		12/19/2016 0:00	\$ 1,104.80	Capital One			
5 CAPOneExpCC11302016A		11/30/2016 0:00	\$ 2,814.91	Capital One			
1 ACHCapitOne12122016A		12/12/2016 0:00	\$ 2,923.97	Capital One			
1 ACHCAPONE11212016A		11/21/2016 0:00	\$ 3,749.74	Capital One			
5 CAPoneEXPCC12122016A		12/12/2016 0:00	\$ 5,460.27	Capital One			
1 ACHCAPoONS12072016A		12/9/2016 0:00	\$ 5,923.97	Capital One			
1 acahcapoNE113016A		11/30/2016 0:00	\$ 6,555.65	Capital One			
1 ACHCAPONE12152016A		12/15/2016 20:37	\$ 7,929.93	Capital One			
2 ACHCApone11092016A		11/9/2016 0:00	\$ 10,906.31	Capital One			
1 ACHCApone12302016A		12/30/2016 0:00	\$ 10,937.61	Capital One			
DJO, LLC	9169.9	supplier		1430 Decision Street	Vista CA		92081
5 DJLCC12022016A		12/2/2016 0:00	\$ 2.68	DJO, LLC			
2 ACHDJO10262016-1A		10/26/2016 0:00	\$ 8.04	DJO, LLC			
5 DJOCC12082016A		12/8/2016 0:00	\$ 9.19	DJO, LLC			
2 ACHCJO10242016-2A		10/24/2016 0:00	\$ 10.72	DJO, LLC			
2 ACHDJO10312016-1A		10/31/2016 0:00	\$ 11.48	DJO, LLC			
2 ACHCJO10122016A		10/12/2016 0:00	\$ 12.02	DJO, LLC			

2	ACHDJO10122016A	10/12/2016 0:00	\$	12.02	DJO, LLC
5	DJOCC12092016A	12/9/2016 0:00	\$	13.94	DJO, LLC
2	ACHDJO10312016-2A	10/31/2016 0:00	\$	16.88	DJO, LLC
2	ACHDJO10262016A	10/26/2016 0:00	\$	18.03	DJO, LLC
2	ACHDJO10242016-1A	10/24/2016 0:00	\$	21.86	DJO, LLC
1	ACHDJO12142016A	12/14/2016 0:00	\$	22.06	DJO, LLC
2	ACHDJO10262016-2A	10/26/2016 0:00	\$	24.04	DJO, LLC
5	DJOCC12052016A	12/5/2016 0:00	\$	24.31	DJO, LLC
2	ACHDJO11102016A	11/10/2016 0:00	\$	24.52	DJO, LLC
5	DJOCC11212016A	11/21/2016 0:00	\$	26.80	DJO, LLC
2	ACHDJO11102016-1A	11/10/2016 0:00	\$	30.05	DJO, LLC
2	ACHDJO11142016-2A	11/14/2016 0:00	\$	31.57	DJO, LLC
2	ACHDJO11072016-2A	11/7/2016 0:00	\$	31.78	DJO, LLC
2	ACHCJO10142016A	10/14/2016 0:00	\$	33.84	DJO, LLC
1	ACHDJO12222016A	12/22/2016 0:00	\$	50.76	DJO, LLC
2	ACHDJO11072016-3A	11/7/2016 0:00	\$	59.76	DJO, LLC
5	DJOCC12032016A	12/3/2016 0:00	\$	83.01	DJO, LLC
1	ACHDJO12162016A	12/16/2016 0:00	\$	103.14	DJO, LLC
5	DJOCC12162016A	12/16/2016 0:00	\$	138.70	DJO, LLC
2	ACHDJO11092016A	11/9/2016 0:00	\$	173.03	DJO, LLC
2	ACHDJO11012016A	11/1/2016 0:00	\$	182.06	DJO, LLC
5	DJOCC 12192016A	12/30/2016 0:00	\$	218.42	DJO, LLC
1	ACHDJO12102016A	12/10/2016 0:00	\$	292.84	DJO, LLC
5	DJOCC12152016A	12/15/2016 0:00	\$	432.96	DJO, LLC
2	ACHDJO10122016-2A	10/12/2016 0:00	\$	521.96	DJO, LLC
1	ACHDJO12122016A	12/12/2016 0:00	\$	550.43	DJO, LLC
4	DJOAMEX01042017A	1/4/2017 0:00	\$	583.96	DJO, LLC
5	DJOCC11192016A	11/19/2016 0:00	\$	733.22	DJO, LLC
2	ACHDJO11072016- 1A	11/7/2016 0:00	\$	841.14	DJO, LLC
2	ACHDJO10192016A	10/19/2016 0:00	\$	846.55	DJO, LLC
5	DJOCC12062016A	12/6/2016 0:00	\$	847.00	DJO, LLC
2	ACHDJO10032016A	10/23/2016 19:15	\$	995.45	DJO, LLC
2	ACHDJO11142016A	11/14/2016 0:00	\$	1,129.68	DJO, LLC

Dun & Bradstreet	7500	services		5210 E Williams Circle Suite 151	Tucson	AZ	85711
	Paid with Behalf CC	12/29/2016 0:00	\$	7,500.00	Dun & Bradstreet		
Dynarex Corporation	7734.15	supplier		PO Box 712454	Cincinnati	OH	45271-2454
	2 006320	10/13/2016 12:50	\$	3,000.00	Dynarex Corporation		
	1 002742	12/15/2016 7:06	\$	4,734.15	Dynarex Corporation		
Epicor Software Corporation	16533	services		PO Box 671069	Dallas	TX	75267-1069
	1 002771	12/29/2016 17:23	\$	6,525.00	Epicor Software Corporation		
	2 006359	10/25/2016 17:20	\$	10,008.00	Epicor Software Corporation		
Federal Express Corporation	31311.14	services		PO Box 223125	Pittsburgh	PA	15251
	2 ACHFedex10272016A	10/28/2016 9:19	\$	9,043.98	Federal Express Corporation		
	5 FEDXCaponeCC10282016A	10/31/2016 12:51	\$	10,762.20	Federal Express Corporation		
	2 ACHFEDEX10142016A	10/14/2016 13:49	\$	11,504.96	Federal Express Corporation		
GreatAmerica Financial Services	34725.52	other-software financing		P.O Box 660831	Dallas	TX	75266-0831
	1 ACHGRTAMR11232016A	11/23/2016 0:00	\$	34,725.52	GreatAmerica Financial Services		
ILM Stationers	9886.16	supplier		305 Raleigh Street, unit B	Wilmington	NC	910.383.1725
	1 002676	11/15/2016 13:11	\$	985.64	ILM Stationers		
	1 002692	11/23/2016 11:44	\$	1,166.40	ILM Stationers		
	2 006348	10/20/2016 15:59	\$	1,166.40	ILM Stationers		
	2 006363	10/27/2016 10:28	\$	1,866.68	ILM Stationers		
	1 002718	12/6/2016 11:45	\$	2,332.80	ILM Stationers		
	1 002744	12/15/2016 7:38	\$	2,368.24	ILM Stationers		
Insource	136458.18	supplier		Box 382023	Pittsburgh	PA	15250-2028
	4 INSAMEX11172016A	11/17/2016 0:00	\$	12.43	Insource		
	1 002747	12/15/2016 15:46	\$	22.20	Insource		
	1 002668	11/7/2016 10:08	\$	27.91	Insource		

4	INSAMEX11112016A	11/11/2016 0:00	\$	31.25	Insource				
4	INSAMEX11152016A	1/8/2017 21:55	\$	34.90	Insource				
4	INSAMEX11302016A	11/30/2016 0:00	\$	39.26	Insource				
1	ACHINS12282016A	12/28/2016 0:00	\$	47.15	Insource				
1	002746	12/15/2016 13:09	\$	65.66	Insource				
2	006367	10/31/2016 15:21	\$	123.75	Insource				
4	INSAMEX11222016A	11/22/2016 0:00	\$	147.84	Insource				
4	INSAMEX10142016A	10/14/2016 0:00	\$	158.42	Insource				
4	INSAMEX10182016A	10/18/2016 0:00	\$	187.50	Insource				
4	INSAMEX11142016A	11/14/2016 0:00	\$	2,704.26	Insource				
4	INSAMEX11232016A	11/23/2016 0:00	\$	2,849.81	Insource				
4	INSAMEX11292016A	11/25/2016 0:00	\$	3,380.37	Insource				
2	006343	10/20/2016 15:25	\$	3,866.44	Insource				
2	006319	10/13/2016 9:58	\$	7,531.72	Insource				
4	INSAMEX11102016A	11/30/2016 0:00	\$	7,967.23	Insource				
1	002713	12/1/2016 15:25	\$	8,116.02	Insource				
1	002720	12/8/2016 15:46	\$	8,570.63	Insource				
1	002723	12/9/2016 14:33	\$	10,711.53	Insource				
2	ACHINSdraft11012016A	11/2/2016 16:51	\$	10,711.53	Insource				
2	006357	10/25/2016 15:20	\$	10,758.30	Insource				
1	002683	11/18/2016 10:28	\$	11,413.52	Insource				
1	002766	12/22/2016 0:00	\$	12,898.14	Insource				
2	006375	11/2/2016 16:57	\$	17,014.74	Insource				
1	002729	12/13/2016 16:21	\$	17,065.67	Insource				
Magellan Diagnostics		7650	supplier		75 Remittance Drive, Dept 6611 Chicago	IL		60675	
2	006329	10/13/2016 17:49	\$	1,939.00	Magellan Diagnostics				
1	ACHMagellan12052016A	12/5/2016 0:00	\$	2,051.00	Magellan Diagnostics				
4	AmexMagelllan1042016A	1/4/2017 9:47	\$	3,660.00	Magellan Diagnostics				
Mammoth Medical		8964.86	supplier		PO Box 1000, Dept #395	Memphis	Tn	38148	
1	002693	11/28/2016 14:30	\$	716.40	Mammoth Medical				
9	ACHMammoth11112017A	1/11/2017 14:20	\$	3,256.51	Mammoth Medical				
1	002680	11/18/2016 10:16	\$	4,991.95	Mammoth Medical				
MedChain Supply Division of NDC		7137.97	supplier		PO Box 842818	Boston	MA	02284-2818	
1	002759	12/21/2016 16:54	\$	64.33	MedChain Supply Division of NDC				
1	002670	11/7/2016 11:13	\$	68.50	MedChain Supply Division of NDC				
1	002758	12/21/2016 16:06	\$	231.41	MedChain Supply Division of NDC				
2	006369	11/2/2016 11:55	\$	427.30	MedChain Supply Division of NDC				
1	002712	11/30/2016 17:06	\$	442.50	MedChain Supply Division of NDC				
1	002685	11/18/2016 12:54	\$	476.95	MedChain Supply Division of NDC				
2	006350	10/20/2016 16:25	\$	1,134.13	MedChain Supply Division of NDC				
1	002741	12/14/2016 15:39	\$	1,288.50	MedChain Supply Division of NDC				
2	006333	10/14/2016 11:17	\$	1,395.33	MedChain Supply Division of NDC				
2	006370	11/2/2016 11:56	\$	1,609.02	MedChain Supply Division of NDC				
Medworld Supply, Inc.		20338.21	supplier		168 10th Street	Brroklyn	NY	11215	
2	006327	10/13/2016 17:18	\$	244.66	Medworld Supply, Inc.				
1	002678	11/17/2016 15:22	\$	1,413.49	Medworld Supply, Inc.				
1	002740	12/14/2016 15:38	\$	2,592.50	Medworld Supply, Inc.				
4	MedworAmex11062016A	11/18/2016 0:00	\$	2,700.66	Medworld Supply, Inc.				
1	002772	12/29/2016 19:49	\$	2,931.11	Medworld Supply, Inc.				
2	006378	11/9/2016 14:56	\$	5,116.08	Medworld Supply, Inc.				
1	002715	12/2/2016 13:59	\$	5,339.71	Medworld Supply, Inc.				
Midmark Corporation		7575.69	supplier		PO Box 842268	Boston	MA	02284-2268	
2	ACHMidmark10242016A	10/24/2016 17:54	\$	3,164.01	Midmark Corporation				
1	002783	1/6/2017 12:53	\$	4,411.68	Midmark Corporation				
NC State Employees Credit Union /Read F		25959.31	other-supplies&expenses		3500 Converse Drive	Wilmington	NC	28403	
1	002703	11/30/2016 14:29	\$	6,500.00	NC State Employees Credit Union				
2	006324	10/13/2016 16:16	\$	9,518.18	NC State Employees Credit Union				
1	002738	12/14/2016 15:17	\$	9,941.13	NC State Employees Credit Union				

NDC, Inc.	311789.2	supplier		407 New Sanford Road	LaVergne	tn	37086
1 002674		11/11/2016 16:51	\$ 1.00	NDC, Inc.			
2 006321		10/13/2016 15:50	\$ 7.36	NDC, Inc.			
2 006345		10/20/2016 15:30	\$ 15.75	NDC, Inc.			
1 002663		11/4/2016 13:17	\$ 117.43	NDC, Inc.			
1 003007M		1/10/2017 16:57	\$ 292.50	NDC, Inc.			
2 006362		10/24/2016 0:00	\$ 881.15	NDC, Inc.			
1 002725		12/9/2016 16:46	\$ 1,096.26	NDC, Inc.			
2 006379		11/9/2016 15:08	\$ 1,237.25	NDC, Inc.			
1 002671		11/7/2016 17:41	\$ 1,549.02	NDC, Inc.			
2 006349		10/20/2016 16:22	\$ 1,630.36	NDC, Inc.			
2 006368		11/2/2016 11:49	\$ 2,092.24	NDC, Inc.			
1 002711		11/30/2016 16:42	\$ 2,263.39	NDC, Inc.			
1 002735		12/14/2016 15:00	\$ 2,353.99	NDC, Inc.			
1 002732		12/13/2016 17:45	\$ 4,159.27	NDC, Inc.			
2 006317		10/12/2016 15:17	\$ 4,435.55	NDC, Inc.			
9 003002		1/4/2017 17:57	\$ 5,195.33	NDC, Inc.			
1 002731		12/13/2016 17:01	\$ 12,131.69	NDC, Inc.			
1 002684		11/18/2016 11:43	\$ 14,033.26	NDC, Inc.			
1 002722		12/9/2016 14:31	\$ 19,989.00	NDC, Inc.			
9 003009		1/11/2017 15:20	\$ 20,446.33	NDC, Inc.			
1 002764		12/21/2016 18:13	\$ 21,127.59	NDC, Inc.			
1 002709		11/30/2016 16:24	\$ 22,619.30	NDC, Inc.			
9 003001		1/4/2017 17:51	\$ 23,120.66	NDC, Inc.			
2 006364		10/27/2016 12:34	\$ 23,801.94	NDC, Inc.			
1 002662M		11/4/2016 13:15	\$ 24,001.57	NDC, Inc.			
2 006380		11/9/2016 15:00	\$ 24,152.74	NDC, Inc.			
1 002667		11/4/2016 16:19	\$ 24,652.26	NDC, Inc.			
1 002761		12/21/2016 17:34	\$ 27,154.98	NDC, Inc.			
2 006344		10/20/2016 15:26	\$ 27,230.03	NDC, Inc.			
North Carolina Department of Revenue	20731.37	State Sales Tax		3340 Jaeckle Drive Suite 202	Wilmington	NC	28403
1 ACHNCOR12152016A		12/22/2016 17:04	\$ 1,200.00	North Carolina Department of Revenue			
1 ACHNCOR11222016A		11/22/2016 0:00	\$ 9,585.61	North Carolina Department of Revenue			
2 ACHNCTAX10252016A		10/25/2016 0:00	\$ 9,945.76	North Carolina Department of Revenue			
Seacoast Medical	174965.02	supplier		13308 Chandler Road	Omaha	NE	68138
4 SCMAmexFee12-29-2016A		12/29/2016 20:34	\$ 327.65	Seacoast Medical			
4 SCMAmexCC11112016A		11/11/2016 0:00	\$ 387.80	Seacoast Medical			
4 SCMAmex 1042017A		1/4/2017 0:00	\$ 407.91	Seacoast Medical			
2 006361		10/26/2016 13:18	\$ 2,332.09	Seacoast Medical			
1 002710		11/30/2016 14:33	\$ 4,121.84	Seacoast Medical			
2 006342		10/19/2016 17:34	\$ 8,774.24	Seacoast Medical			
1 002701		11/23/2016 0:00	\$ 9,228.16	Seacoast Medical			
1 002757		12/21/2016 15:27	\$ 9,334.06	Seacoast Medical			
1 002739		12/14/2016 15:20	\$ 10,424.29	Seacoast Medical			
4 SCMAmex12-29-2016A		12/29/2016 0:00	\$ 10,921.75	Seacoast Medical			
4 SCMAmex11112016A		11/11/2016 16:26	\$ 12,926.89	Seacoast Medical			
4 SCMAmex01042017A		1/9/2017 14:51	\$ 13,097.21	Seacoast Medical			
4 SCMAmex01042017A		1/4/2017 0:00	\$ 13,597.14	Seacoast Medical			
1 002679		11/17/2016 17:28	\$ 14,055.82	Seacoast Medical			
1 002721		12/8/2016 16:02	\$ 14,612.70	Seacoast Medical			
9 003010		1/11/2017 16:40	\$ 14,886.48	Seacoast Medical			
2 006374		11/2/2016 15:30	\$ 16,115.58	Seacoast Medical			
2 006326		10/13/2016 16:34	\$ 19,413.41	Seacoast Medical			
Smiths Medical ASD, Inc.	51580.31	supplier		5200 Upper Metro Place	Dulin	OH	43017
2 006337		10/14/2016 13:38	\$ 969.50	Smiths Medical ASD, Inc.			
1 002707		11/30/2016 15:52	\$ 1,685.00	Smiths Medical ASD, Inc.			
1 002682		11/18/2016 10:18	\$ 2,081.50	Smiths Medical ASD, Inc.			
1 002708		11/30/2016 15:57	\$ 2,507.15	Smiths Medical ASD, Inc.			

	1 002706	11/30/2016 14:32	\$ 2,656.98	Smiths Medical ASD, Inc.				
	2 006328	10/13/2016 17:18	\$ 2,656.98	Smiths Medical ASD, Inc.				
	2 006346	10/20/2016 15:32	\$ 2,656.98	Smiths Medical ASD, Inc.				
	1 002681	11/18/2016 10:17	\$ 2,657.02	Smiths Medical ASD, Inc.				
	2 006334	10/14/2016 11:24	\$ 2,752.25	Smiths Medical ASD, Inc.				
	4 SmithsQMEX01042017A	1/9/2017 14:30	\$ 2,850.66	Smiths Medical ASD, Inc.				
	1 002673	11/9/2016 10:39	\$ 3,923.98	Smiths Medical ASD, Inc.				
	4 SmithsAmex12312016A	12/31/2016 0:00	\$ 5,223.69	Smiths Medical ASD, Inc.				
	1 002664	11/4/2016 13:41	\$ 8,815.71	Smiths Medical ASD, Inc.				
	1 002736	12/14/2016 15:10	\$ 10,142.91	Smiths Medical ASD, Inc.				
Sound Medical	24752.11	services-expenses misc vendors						
	1 ACHATMFee12162016A	12/17/2016 11:53	\$ 3.00	Sound Medical				
	4 AdobeAmex11072016A	11/7/2016 0:00	\$ 16.04	Sound Medical				
	4 AdobeAmex11132016A	11/13/2016 0:00	\$ 16.04	Sound Medical				
	1 ACHBLkTires12092016A	12/9/2016 0:00	\$ 30.00	Sound Medical				
	1 ACHHArland11032016A	11/3/2016 0:00	\$ 38.34	Sound Medical				
	5 DropboxCLS11112016A	11/11/2016 0:00	\$ 99.00	Sound Medical				
	4 PanterAMEXCC10182016A	10/28/2016 0:00	\$ 425.72	Sound Medical				
	4 PantherAmex11152016A	11/15/2016 0:00	\$ 425.72	Sound Medical				
	1 ACHAmerAir12132016A	12/15/2016 20:56	\$ 438.20	Sound Medical				
	1 002756	12/20/2016 12:50	\$ 2,100.00	Sound Medical				
	1 002666	11/4/2016 14:29	\$ 3,683.98	Sound Medical				
	2 006382	11/9/2016 17:13	\$ 3,756.07	Sound Medical				
	2 006358	10/25/2016 15:36	\$ 5,000.00	Sound Medical/Atty:				
	4 LakeHousAMEX11222016A	11/22/2016 0:00	\$ 8,720.00	Sound Medical				
TN Department of Revenue	27971.81	State Sales Tax		Tennessee Depart of Revenue	Andrew Jackson	Nashville	TN	
	2 006365	10/26/2016 0:00	\$ 3,400.00	TN Department of Revenue				
	2 ACHTNDOR10172016A	10/17/2016 0:00	\$ 3,484.66	TN Department of Revenue				
	2 ACHTNDOR11012016A	11/1/2016 0:00	\$ 3,500.00	TN Department of Revenue				
	4 TNDORAMEX11142016A	11/14/2016 0:00	\$ 3,587.15	TN Department of Revenue				
	1 ACHTNDOR11222016A	11/22/2016 0:00	\$ 7,000.00	TN Department of Revenue				
	1 ACHTNDOR12022016A	12/2/2016 0:00	\$ 7,000.00	TN Department of Revenue				
Toyota (closed) Financial Services	31000.6	other-equipment loans		Dept 2431	Carol Stream	IL	60132-2431	
	1 ACHTOYFORKLIFTA	11/18/2016 0:00	\$ 3,772.23	Toyota (closed) Financial Services				
	1 ToyotaOP#2PayoffA	11/18/2016 0:00	\$ 4,713.73	Toyota (closed) Financial Services				
	1 ACHToyotaRack#2A	11/18/2016 0:00	\$ 4,848.69	Toyota (closed) Financial Services				
	1 ACHToyotaOP#1A	11/18/2016 0:00	\$ 5,396.38	Toyota (closed) Financial Services				
	1 ACHToyotaLoanPmtA	11/22/2016 0:00	\$ 5,959.32	Toyota (closed) Financial Services				
	1 ACHToyotaLoanPayoffA	12/4/2016 0:03	\$ 6,310.25	Toyota (closed) Financial Services				
US Diagnostics	13108.53	supplier		2 parade Str	Huntsville	AL	35806	
	1 002714	12/2/2016 13:55	\$ 5,736.55	US Diagnostics				
	1 002672	11/9/2016 7:57	\$ 7,371.98	US Diagnostics	122022	7371.98	First Citizens Bank	
MCAs								
Platinum	48571.38	unsecured loan repaym	Sound Medical	see General Journal Sheets	Alyssia Bartone	348 RXR Pl	Uniondale	
Capacity	94341.06	unsecured loan repaym	CAP1556	see General Journal Sheets	Eric H Keiter	7 Renaissar	White Plains	
EBF	45748.41	unsecured loan repaym	Closed-sound	see General Journal Sheets	Everest Business	201NW 10	Miami	
Knight	229679.19	unsecured loan repaym	Closed-20680	see General Journal Sheets	Knight Captial Fur	9 East Loo	Dover	
Windset	32694.61	unsecured loan repaym	Closed-contra	see General Journal Sheets	Windset Captial C	4168 West	Riverton	
Webbank	66264.11	unsecured loan repaym	Closed-28180	see General Journal Sheets				
ABL Lender								
Sterling	1081324.13	secured debt	Closed	see General Journal Sheets				
Columbus properties/First Citizens Bank	10300	other-rent						
	1 002687	11/18/2016 16:06	\$ 5,150.00	Sound Medical	100224	5150	First Citizens Bank	
	2 006338	10/14/2016 13:43	\$ 5,150.00	Sound Medical	100224	5150	South State Bank	

Exhibit B**SFA - Q.4 & Q. 30****Payments made to insiders-Read Patterson**

check_no	check_date	amt	bank_name	Payroll	Loan Repaymt	AP-Exp/ Repaymt	Acc'd wage repay.
003934	2/2/2015 12:04	\$ 2,751.42	SSB-3790				
004000	2/27/2015 11:10	\$ 2,650.16	SSB-3790				
004075	3/23/2015 12:46	\$ 5,030.04	SSB-3790				
004111	4/2/2015 11:11	\$ 3,393.57	SSB-3790				
004133	4/16/2015 7:37	\$ 5,000.00	SSB-3790				
004188	4/22/2015 13:50	\$ 5,888.82	SSB-3790				
004243	5/5/2015 10:23	\$ 1,742.74	SSB-3790				
004244	5/7/2015 14:58	\$ 980.51	SSB-3790				
004316	6/1/2015 12:26	\$ 3,880.44	SSB-3790				
004376	6/4/2015 15:17	\$ 2,000.00	SSB-3790				
004650	7/7/2015 12:28	\$ 3,934.27	SSB-3790				
004805	7/31/2015 14:09	\$ 16,079.80	SSB-3790				
004817	8/4/2015 11:32	\$ 3,254.61	SSB-3790				
005010	9/1/2015 9:39	\$ 2,255.18	SSB-3790				
005036	9/17/2015 15:34	\$ 2,500.00	SSB-3790			\$ 2,500.00	
005159	9/30/2015 14:45	\$ 1,702.80	SSB-3790			\$ 1,702.80	
100615072841	10/6/2015 7:26	\$ -	SSB-3790				
005352	11/2/2015 12:32	\$ 1,719.92	SSB-3790			\$ 1,719.92	
005460	11/30/2015 12:54	\$ 2,102.03	SSB-3790			\$ 2,102.03	
005588	1/29/2016 14:45	\$ 7,701.06	SSB-3790			\$ 7,701.06	
005664	2/8/2016 17:40	\$ 1,527.89	SSB-3790			\$ 1,527.89	
005699	3/3/2016 10:35	\$ 259.86	SSB-3790			\$ 259.86	
005733	3/14/2016 14:38	\$ 800.00	SSB-3790			\$ 800.00	
005813	4/4/2016 8:49	\$ 122.26	SSB-3790			\$ 122.26	
RP ATM-ADV 4/11/16A	4/11/2016 0:00	\$ 500.00	SSB-3790			\$ 500.00	
005862	4/29/2016 0:00	\$ 5,600.00	SSB-3790	\$ 4,400.00	\$ 1,200.00		
005863	4/29/2016 0:00	\$ 800.00	SSB-3790	\$ 800.00			
005864	4/29/2016 0:00	\$ 3,600.00	SSB-3790	\$ 3,600.00			
005872	5/5/2016 10:18	\$ 6,000.00	SSB-3790	\$ 1,200.00	\$ 3,800.00		
005881	5/11/2016 14:52	\$ 14,531.97	SSB-3790		\$ 14,531.97		
005901	5/26/2016 12:59	\$ 6,000.00	SSB-3790			\$ 6,000.00	
005902	5/26/2016 13:00	\$ 11,000.00	SSB-3790	\$ 10,000.00		\$ 1,000.00	

005927	6/8/2016 15:35	\$ 10,000.00	SSB-3790	\$ 10,000.00			
005934	6/13/2016 14:13	\$ 5,000.00	SSB-3790		\$ 5,000.00	\$ 5,000.00	
005943	6/15/2016 13:23	\$ 5,975.34	SSB-3790		\$ 5,975.34		
005986	6/30/2016 14:44	\$ 17,849.95	SSB-3790		\$ 17,849.95		
ACHCashADv71816A	7/18/2016 0:00	\$ 600.00	SSB-3790		\$ 600.00		
006037	7/25/2016 14:44	\$ 1,726.37	SSB-3790		\$ 1,726.37		
006065	7/31/2016 0:00	\$ 10,000.00	SSB-3790	\$ 10,000.00			
006066	7/31/2016 0:00	\$ 6,500.00	SSB-3790		\$ 6,500.00		
006120	8/16/2016 14:52	\$ 4,000.00	SSB-3790		\$ 4,000.00		
006188	8/31/2016 0:00	\$ 10,000.00	SSB-3790	\$ 10,000.00			
006189	9/2/2016 11:11	\$ 6,500.00	SSB-3790		\$ 6,500.00		
006190	9/2/2016 11:12	\$ 1,500.00	SSB-3790			\$ 1,500.00	
ACHRPMEDCOR 097201	9/8/2016 9:59	\$ 300.00	SSB-3790			\$ 300.00	
ACHMedcor2 9072016A	9/8/2016 10:06	\$ 500.00	SSB-3790			\$ 500.00	
ACHCashATM09262016A	9/26/2016 0:00	\$ 500.00	SSB-3790			\$ 500.00	
ACHCASHATM10062016	10/6/2016 10:50	\$ 500.00	SSB-3790			\$ 500.00	
006307	10/7/2016 12:21	\$ 1,500.00	SSB-3790			\$ 1,500.00	
006308	10/7/2016 12:22	\$ 6,700.00	SSB-3790		\$ 5,000.00	\$ 1,700.00	
006309	10/7/2016 12:22	\$ 4,000.00	SSB-3790		\$ 4,000.00		
101316102901	10/13/2016 10:25	\$ -	SSB-3790				
006323	10/13/2016 16:10	\$ 4,000.00	SSB-3790		\$ 4,000.00		
ACHRPCashAdv1017201	10/17/2016 0:00	\$ 600.00	SSB-3790			\$ 500.00	
006353	10/24/2016 15:49	\$ 3,000.00	SSB-3790	\$ 3,000.00			
006371	10/31/2016 0:00	\$ 6,500.00	SSB-3790	\$ 6,500.00			
006373	10/31/2016 0:00	\$ 1,500.00	SSB-3790	\$ 500.00		\$ 1,000.00	
110216130801	10/31/2016 0:00	\$ 6,060.86	SSB-3790			\$ 6,060.86	
111016133921	10/31/2016 0:00	\$ 9,518.18	SSB-3790			\$ 9,518.18	
002661	11/3/2016 15:58	\$ 8,000.00	FCB-7620	\$ 8,000.00			
002705	11/30/2016 14:30	\$ 3,550.00	FCB-7620	\$ 2,000.00	\$ 1,550.00		
002704	11/30/2016 14:30	\$ 1,200.00	FCB-7620			\$ 1,200.00	
002703 - to NCSECU	11/30/2016 14:30	\$ 6,500.00	FCB-7620			\$ 6,500.00	
ACHCashATM12082016A	12/8/2016 0:00	\$ 500.00	FCB-7620			\$ 500.00	
002727	12/12/2016 16:47	\$ 1,262.88	FCB-7620			\$ 1,262.88	
002734	12/14/2016 9:59	\$ 5,000.00	FCB-7620			\$ 5,000.00	
ACHBARCLAYCARDRA	12/16/2016 0:00	\$ 7,715.23	FCB-7620			\$ 7,715.23	
ACHCREDITONEBANKR	12/16/2016 0:00	\$ 1,923.33	FCB-7620			\$ 1,923.33	
ATMCASHRP12162016A	12/17/2016 11:54	\$ 500.00	FCB-7620			\$ 500.00	

ACHCAPITALONERP12-002774	12/19/2016 15:25	\$ 505.25	FCB-7620			\$ 505.25	
	12/31/2016 10:23	\$ 1,250.00	FCB-7620				\$ 1,250.00
ACHRPPayroll 152017A	1/5/2017 16:44	\$ 4,000.00	FCB-7620	\$ 4,000.00			
ACHRPPayroll 152017-A	1/5/2017 16:47	\$ 8,000.00	FCB-7620	\$ 8,000.00			
002784	1/6/2017 13:26	\$ 8,000.00	FCB-7620	\$ 8,000.00			
002785	1/6/2017 13:45	\$ 1,853.75	FCB-7620			\$ 1,853.75	
TOTALS:				\$ 90,000.00	\$ 82,233.63	\$ 81,475.30	\$ 1,250.00

In addition, payments have been made to creditors that D. Read Patterson, II guaranteed. See Schedule H for a list of creditors whose claims were guaranteed by D. Read Patterson, II.

United States Bankruptcy Court
Eastern District of North Carolina - Wilmington Division

In re Sound Medical Supply Partners, LLC

Debtor(s)

Case No.

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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Atlantic Coast Orthopaedic
 Medical Supplies, Inc.
 Attn: Manager or Agent
 6510 Northpark Blvd.
 Charlotte, NC 28216

D. Read Patterson, II
 905 Twisted Oak Place
 Wilmington, NC 28405

Wilmington Health, PLLC
 Attn: Manager or Agent
 1202 Medical Center Drive
 Wilmington, NC 28401

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the CEO and Managing Member of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date January 13, 2017
 Signature /s/ D. Read Patterson, II
D. Read Patterson, II

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
 18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Eastern District of North Carolina - Wilmington Division**

In re Sound Medical Supply Partners, LLC

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the CEO and Managing Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: January 13, 2017

/s/ D. Read Patterson, II

D. Read Patterson, II/CEO and Managing Member
Signer/Title

SOUND MEDICAL SUPPLY PARTNERS, LLC
1930 OLEANDER DRIVE
WILMINGTON, NC 28403

LEWIS WICK H. STUBBS, JR.
STUBBS & PERDUE, P.A.
PO BOX 1654
NEW BERN, NC 28563

SECURITIES & EXCHANGE COM
OFFICE OF REORGANIZATION
950 E PACES FERRY RD NE 900
ATLANTA, GA 30326-1382

SECRETARY OF TREASURY
ATTN: MANAGING AGENT
1500 PENNSYLVANIA AVE NW
WASHINGTON, DC 20220

NC DEPT OF REVENUE
ATTN: MANAGING AGENT
PO BOX 1168
RALEIGH, NC 27602

UNITED STATES ATTORNEY
ATTN: CIVIL PROCESS CLERK
310 NEW BERN AVENUE
FEDERAL BLDG SUITE 800
RALEIGH, NC 27601-1461

INTERNAL REVENUE SERVICE
ATTN: MANAGING AGENT
PO BOX 7346
PHILADELPHIA, PA 19101-7346

IRS
ALAMANCE BLDG MAIL STOP 24
4905 KOGER BLVD
GREENSBORO, NC 27407-2734

ATTORNEY GENERAL
950 PENNSYLVANIA AVENUE NW
WASHINGTON, DC 20530

N.C. DEPT. OF COMMERCE, DES
ATTN: MANAGER OR AGENT
P.O. BOX 26504
RALEIGH, NC 27611

ACCIDENT FUND
ATTN: MANAGER OR AGENT
P.O. BOX 40790
LANSING, MI 48901-7990

ACCUTOME, INC.
ATTN: MANAGER OR AGENT
3222 PHOENIXVILLE PIKE
MALVERN, PA 19355

ADENNA
ATTN: MANAGER OR AGENT
201 SOUTH MAILLIKEN AVENUE
ONTARIO, CA 91761

AKORN, INC.
ATTN: MANAGER OR AGENT
1924 WEST FIELD COURT
LAKE FOREST, IL 60045

ALLIANCE TECH MEDICAL
ATTN: MANAGER OR AGENT
P.O. BOX 6024
GRANBURY, TX 76049

ALLY FINANCIAL
ATTN: MANAGING AGENT
P. O. BOX 380901
BLOOMINGTON, MN 55438

AMBU, INC.
ATTN: MANAGER OR AGENT
P.O. BOX 347818
PITTSBURGH, PA 15251-4818

AMERICAN EXPRESS
ATTN: MANAGER OR AGENT
P.O. BOX 981540
EL PASO, TX 79998-1540

AMERICOURCEBERGEN
ATTN: MANAGER OR AGENT
P.O. BOX 503270
SAINT LOUIS, MO 63150-3270

ANDOVER HEALTHCARE
ATTN: MANAGER OR AGENT
9 FANARAS DRIVE
SALISBURY, MA 01952

ATLANTIC COAST ORTHOPAEDIC
MEDICAL SUPPLIES, INC.
ATTN: MANAGER OR AGENT
6510 NORTH PARK BLVD.
CHARLOTTE, NC 28216

AVALON PAPERS, LLC
ATTN: MANAGER OR AGENT
P.O. BOX 3967
OSHKOSH, WI 54903-3967

BARD MEDICAL
ATTN: MANAGER OR AGENT
P.O. BOX 75767
CHARLOTTE, NC 28275

BEHALF CREDIT
ATTN: MANAGER OR AGENT
126 5TH AVENUE
NEW YORK, NY 10011

BELL MEDICAL SERVICES
ATTN: MANAGER OR AGENT
120 BENDERBURG
MARLBORO, NJ 07746

BIOLIFE, LLC
ATTN: MANAGER OR AGENT
8163 25TH COURT E
SARASOTA, FL 34243

BIONIX DEVELOPMENT CORP.
ATTN: MANAGER OR AGENT
5154 ENTERPRISE BLVD.
TOLEDO, OH 43612

BIOSEAL
ATTN: MANAGER OR AGENT
167 WEST ORANGETHORPE AVE.
PLACENTIA, CA 92870

BLEDSON BRACE SYSTEMS
ATTN: MANAGER OR AGENT
2601 PINWOOD DRIVE
GRAND PRAIRIE, TX 75051

BMW BANK OF NORTH AMERICA
ATTN: MANAGER OR AGENT
P.O. BOX 78066
PHOENIX, AZ 85062-8066

BSN MEDICAL, INC.
ATTN: MANAGER OR AGENT
P.O. BOX 751766
CHARLOTTE, NC 28275-1766

C-CORE MEDICAL
ATTN: MANAGER OR AGENT
P.O. BOX 471492
LAKE MONROE, FL 32747

CALGONATE CORP.
ATTN: MANAGER OR AGENT
1391 NW ST. LUCIE WEST BLVD
#303
PORT SAINT LUCIE, FL 34986

CAPACITY FUNDING, LLC
ATTN: MANAGER OR AGENT
7 RENAISSANCE SQ., 5TH FL.
WHITE PLAINS, NY 10601

CAPITAL ONE SPARK
ATTN: MANAGER OR AGENT
P.O. BOX 71083
CHARLOTTE, NC 28272-1083

CAPITOL VIAL
ATTN: MANAGER OR AGENT
2039 MCMILLAN STREET
AUBURN, AL 36832

CARDINAL HEALTH
ATTN: MANAGER OR AGENT
P.O. BOX 730112
DALLAS, TX 75373

CHATTANOOGA GROUP
ATTN: MANAGER OR AGENT
1430 DECISION STREET
VISTA, CA 92081

CLARITY DIAGNOSTICS
ATTN: MANAGER OR AGENT
1060 HOLLAND DRIVE
BOCA RATON, FL 33487

CLINTON INDUSTRIES, INC.
ATTN: MANAGER OR AGENT
525 EAST MARKET STREET
YORK, PA 17403

COLUMBIA POWER & WASHER SYSTEMS
ATTN: MANAGER OR AGENT
P.O. BOX 379
COLUMBIA, TN 38402

COLUMBUS PROPERTIES, LLC
ATTN: DAVID SPRUNT
1201-B COLUMBUS CIRCLE
WILMINGTON, NC 28403

COPIERS PLUS, INC.
ATTN: MANAGER OR AGENT
P.O. BOX 729
FAYETTEVILLE, NC 28302-0729

CORETEX PRODUCTS, INC.
ATTN: MANAGER OR AGENT
FIRST GROWTH CAPITAL
LOS ANGELES, CA 90051

DIXIE EMS SUPPLY
ATTN: MANAGER OR AGENT
10101 FOSTER AVE.
BROOKLYN, NY 11236

DYNAREX CORPORATION
ATTN: MANAGER OR AGENT
P.O. BOX 712454
CINCINNATI, OH 45201

ENCOMPASS GROUP /
ALBAHEALTH
ATTN: MANAGER OR AGENT
CHARLOTTE, NC 28289

ENTHERMICS MEDICAL SYSTEM
ATTN: MANAGER OR AGENT
W164 N9221 WATER STREET
NEW HOLSTEIN, WI 53061

EPICOR SOFTWARE CORPORATION
ATTN: MANAGER OR AGENT
P.O. BOX 671069
DALLAS, TX 75267

ERGODYNE CORPORATION
ATTN: MANAGER OR AGENT
NW8521
MINNEAPOLIS, MN 55485

FEDERAL EXPRESS CORPORATION
ATTN: MANAGER OR AGENT
P.O. BOX 223125
PITTSBURGH, PA 15251

FERRIS MFG CORP.
ATTN: MANAGER OR AGENT
P.O. BOX 732507
DALLAS, TX 75373-2507

FISHER SCIENTIFIC COMPANY
ATTN: MANAGER OR AGENT
P.O. BOX 404705
ATLANTA, GA 30384

GARLAND C. NORRIS COMPANY
ATTN: MANAGER OR AGENT
P.O. BOX 28
APEX, NC 27502

GAVIS PHARMACEUTICALS, LLC
ATTN: MANAGER OR AGENT
400 CAMPUS DRIVE
SOMERSET, NJ 08873

GOFIT
ATTN: MANAGER OR AGENT
12929 E. APACHE STREET
TULSA, OK 74116

GRAHAM FIELD
ATTN: MANAGER OR AGENT
2935 NORTHEAST PARKWAY
ATLANTA, GA 30360

GRAPHIC CONTROLS
D/B/A VERMED
ATTN: MANAGER OR AGENT
P.O. BOX 1271
BUFFALO, NY 14204

HELENA LABORATORIES
ATTN: MANAGER OR AGENT
1530 LINDBERGH DRIVE
BEAUMONT, TX 77704-0752

HEMOSURE, INC.
ATTN: MANAGER OR AGENT
5358 IRWINDALE AVENUE
BALDWIN PARK, CA 91706

HENRY SCHEIN, INC.
C/B/A INSOURCE
ATTN: MANAGER OR AGENT
DEPT CH 10560
PALATINE, IL 60055

HILCO / I-PROMOTIONS
ATTN: MANAGER OR AGENT
9522 GRAVOIS ROAD
SAINT LOUIS, MO 63123

HILEX POLY CO., LLC
ATTN: MANAGER OR AGENT
DEPT. 720048
P.O. BOX 1335
CHARLOTTE, NC 28201

HOSPIRA
ATTN: MANAGER OR AGENT
75 REMITTANCE DRIVE
CHICAGO, IL 60675

HUB PHARMACEUTICALS, LLC
ATTN: MANAGER OR AGENT
9339 CHARLES SMITH AVE.
RANCHO CUCAMONGA, CA 91730

HURRICANE MEDICAL, INC.
ATTN: MANAGER OR AGENT
5315 LENA ROAD
BRADENTON, FL 34211

INDEPENDENT PHARMA
ATTN: MANAGER OR AGENT
854 E. CRESCENTVILLE ROAD
CINCINNATI, OH 45246

INFECTION CONTROL TECH.
ATTN: MANAGER OR AGENT
P.O. BOX 160526
CLEARFIELD, UT 84016

INSOURCE
ATTN: MANAGER OR AGENT
BOX 382023
PITTSBURGH, PA 15250-2028

INTERNAL REVENUE SERVICE
ALAMANCE BLDG MAIL STOP 24
4905 KOGER BLVD STE 102
GREENSBORO, NC 27407

J&M SUPPLY
ATTN: MANAGER OR AGENT
2406 HIGHLAND AVENUE
COLUMBIA, TN 38401

JANT PHARMACAL CORP.
ATTN: MANAGER OR AGENT
16530 VENTURA BLVD. #512
ENCINO, CA 91436

JOHNSON MORGAN AND WHITE
ATTN: MANAGER OR AGENT
6800 BROKEN SOUND PARKWAY
BOCA RATON, FL 33487

KINGS CASH GROUP
ATTN: MANAGER OR AGENT
30 BROAD STREET, 12TH FLOOR
NEW YORK, NY 10001

LAGASSE, INC.
ATTN: MANAGER OR AGENT
P.O. BOX 532670
ATLANTA, GA 30353

LEAF FINANCIAL
ATTN: MANAGER OR AGENT
2005 MARKET STREET, 14TH FL.
PHILADELPHIA, PA 19103

MAMMOTH MEDICAL
ATTN: MANAGER OR AGENT
P.O. BOX 1000, SEPT #395
MEMPHIS, TN 38148

MEDCHAIN SUPPLY
ATTN: MANAGER OR AGENT
P.O. BOX 842818
BOSTON, MA 02284-2818

MEDI NUCLEAR
ATTN: MANAGER OR AGENT
3365 MOMENTUM PLACE
CHICAGO, IL 60689

MEDICAL ID SOLUTIONS
ATTN: MANAGER OR AGENT
6325 MCCOY ROAD
ORLANDO, FL 32822

MEDICAL PRODUCTS, INC.
ATTN: MANAGER OR AGENT
P.O. BOX 207
PINEY CREEK, NC 28663

MEDIQUE PRODUCTS
ATTN: MANAGER OR AGENT
4159 SHORELINE DRIVE
EARTH CITY, MO 63045

MEDLINE INDUSTRIES, INC.
ATTN: MANAGER OR AGENT
BOX 382075
PITTSBURGH, PA 15251-8075

MEDWORLD SUPPLY, INC.
ATTN: MANAGER OR AGENT
168 10TH STREET
BROOKLYN, NY 11215

MERCHANT FUNDING SVCS., LLC
ATTN: MANAGER OR AGENT
ONE EVERTRUST PLAZE, STE 1401
JERSEY CITY, NJ 07302

MERIDIAN MEDICAL TECHNOLOGIES
ATTN: MANAGER OR AGENT
6350 STEVENS FOREST ROAD
COLUMBIA, MD 21046

MICRO DIRECT
ATTN: MANAGER OR AGENT
803 WEBSTER STREET
LEWISTON, ME 04240

MORTARA / BURDICK
ATTN: MANAGER OR AGENT
7865 NORTH 86TH STREET
MILWAUKEE, WI 53224

MSI PRECISION SPECIALTY
INSTRUMENTS
ATTN: MANAGER OR AGENT
1220 VALLEY FORGE RD,BLDG 34
PHOENIXVILLE, PA 19460

N.C. DEPT. OF REVENUE
ATTN: OFFICER
OFFICE SVCS DIV, BANKRUPTCY
P. O. BOX 1168
RALEIGH, NC 27602-1168

NATUS MEDICAL, INC.
ATTN: MANAGER OR AGENT
P.O. BOX 3604
CAROL STREAM, IL 60132

NDC, INC.
ATTN: MANAGER OR AGENT
407 NEW SANFORD ROAD
LA VERGNE, TN 37086

NEW HANOVER CO TAX COLL
ATTN: MANAGING AGENT
PO BOX 18000
WILMINGTON, NC 28406

NIKOMED USA, INC.
ATTN: MANAGER OR AGENT
2800 TURNPIKE DRIVE
HATBORO, PA 19040

NORTH COAST MEDICAL, INC.
ATTN: MANAGER OR AGENT
8100 CAMINO ARROYO
GILROY, CA 95020

O'REILLY AUTO PARTS
ATTN: MANAGER OR AGENT
P.O. BOX 1156
SPRINGFIELD, MO 65801

OCCUNOMIX INTERNATIONAL, LLC
ATTN: MANAGER OR AGENT
3447 SOLUTIONS CENTER
CHICAGO, IL 60677

OFFICE DEPOT
ATTN: MANAGER OR AGENT
P.O. BOX 633211
CINCINNATI, OH 45263

OMNIMED, INC.
ATTN: MANAGER OR AGENT
800 GLEN AVENUE
MOORESTOWN, NJ 08057

ONE BEAT CPR LEARNING CTR.
ATTN: MANAGER OR AGENT
4350 OAKES ROAD
FORT LAUDERDALE, FL 33314

OPTP
ATTN: MANAGER OR AGENT
3800 ANAPOLIS LN, STE 165
MINNEAPOLIS, MN 55447

OVATION MEDICAL
ATTN: MANAGER OR AGENT
P.O. BOX 745846
LOS ANGELES, CA 90074-5846

PARKER LABORATORIES, INC.
ATTN: MANAGER OR AGENT
286 ELDRIDGE ROAD
FAIRFIELD, NJ 07004

D. READ PATTERSON, II
905 TWISTED OAK PLACE
WILMINGTON, NC 28405

PERSONNEL CONCEPTS, INC.
ATTN: MANAGER OR AGENT
P.O. BOX 5750
CAROL STREAM, IL 60197-5750

PHILLIPS BURTON
ATTN: MANAGER OR AGENT
21100 LASSEN STREET
CHATSWORTH, CA 91311

PHYSIO CONTROL
ATTN: MANAGER OR AGENT
11811 WILLOWS ROAD NE
REDMOND, WA 98052

PLATINUM RAPID FUNDING
GROUP, LTD.
ATTN: MANAGER OR AGENT
348 RXR PLAZA
UNIONDALE, NY 11556

POWER SYSTEMS
ATTN: MANAGER OR AGENT
5700 CASEY DRIVE
KNOXVILLE, TN 37909

PREVENTIA SECURITY, LLC
ATTN: MANAGER OR AGENT
P.O. BOX 1563
COLUMBIA, TN 38401

PROPPER MFG. CO., INC.
ATTN: MANAGER OR AGENT
36-04 SKILLMAN AVE.
LONG ISLAND CITY, NY 11101

PSI COLLECTIONS
ATTN: MANAGER OR AGENT
21214 SCHOFIELD DRIVE
GRETNA, NE 68028

PURITAN MEDICAL PRODUCTS
ATTN: MANAGER OR AGENT
31 SCHOOL STREET
GUILFORD, ME 04443

RETRACTABLE TECHNOLOGIES, IN
ATTN: MANAGER OR AGENT
511 LOBO LANE
LITTLE ELM, TX 75068

S.P. RICHARDS COMPANY
ATTN: MANAGER OR AGENT
P.O. BOX 1266
SMYRNA, GA 30081-1266

SCIENTIFIC SALES, INC.
ATTN: MANAGER OR AGENT
130 VALLEY COURT
OAK RIDGE, TN 37830

SENECA MEDICAL
ATTN: MANAGER OR AGENT
P.O. BOX 636705
CINCINNATI, OH 45263-6705

SHARE MOVING MEDIA, INC.
ATTN: MANAGER OR AGENT
1735 N. BROWN ROAD, SUITE 140
LAWRENCEVILLE, GA 30043

SHUTTLE SYSTEMS
ATTN: MANAGER OR AGENT
4201 GUIDE MERIDIAN, STE 101A
BELLINGHAM, WA 98226

SUMMIT FINANCIAL RESOURCES, P
ATTN: MANAGER OR AGENT
2455 E. PARLEYS WAY
STE 200
SALT LAKE CITY, UT 84109

TELEFLEX MEDICAL INCORPORATED
ATTN: MANAGER OR AGENT
P.O. BOX 601608
CHARLOTTE, NC 28260

TENNESSEE DEPT. OF REVENUE
ATTN: MANAGER OR AGENT
ANDREW JACKSON BLDG, FL 8
500 DEADERICK STREET
NASHVILLE, TN 37242

TERMINIX CO OF NC
ATTN: MANAGER OR AGENT
P.O. BOX 2587
FAYETTEVILLE, NC 28302

THE PALM TREE GROUP
ATTN: MANAGER OR AGENT
12701 DIRECTOR'S DR.
STAFFORD, TX 77477

THE PILLOW FACTORY
ATTN: MANAGER OR AGENT
900 BUSCH PKWY
BUFFALO GROVE, IL 60089

TRADEX
ATTN: MANAGER OR AGENT
P.O. BOX 75746
CLEVELAND, OH 44101-4755

TSI
ATTN: MANAGER OR AGENT
500 CARDIGAN ROAD
SAINT PAUL, MN 55126

UPS
ATTN: MANAGER OR AGENT
P.O. BOX 7247-0244
PHILADELPHIA, PA 19170-0001

US DIAGNOSTICS
ATTN: MANAGER OR AGENT
P.O. BOX 5531
CAROL STREAM, IL 60197-5531

VE RALPH AND SON, INC.
ATTN: MANAGER OR AGENT
320 SCHUYLER AVE.
KEARNY, NJ 07032

WALLACH SURGICAL DEVICES, INC.
ATTN: MANAGER OR AGENT
95 CORPORATE DRIVE
TRUMBULL, CT 06611

WILMINGTON HEALTH, PLLC
ATTN: MANAGER OR AGENT
1202 MEDICAL CENTER DRIVE
WILMINGTON, NC 28401

United States Bankruptcy Court
Eastern District of North Carolina - Wilmington Division

In re Sound Medical Supply Partners, LLC

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Sound Medical Supply Partners, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

January 13, 2017
Date

/s/ Trawick H. Stubbs, Jr.

Trawick H. Stubbs, Jr.

Signature of Attorney or Litigant

Counsel for Sound Medical Supply Partners, LLC

Stubbs & Perdue, P.A.

PO Box 1654

New Bern, NC 28563

252-633-2700